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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. M4065.0019/P019-A

First Named Inventor Leonard Forbes

Title HIGH DENSITY SRAM CELL WITH LATCHED

Express Mail Label No. VERTICAL TRANSISTORS

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27

3.  Specification [Total Pages 33]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 14]

5. Oath or Declaration [Total Pages ]

- a.  Newly executed (original or copy)

- b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/division with Box 17 completed)

- i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b)

6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a.  Computer Readable Form (CRF)
- b. Specification Sequence Listing on.
- I.  CD-ROM or CD-R (2 copies), or II.  paper
- c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  
(when there is an assignee)  Power of Attorney
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Other: \_\_\_\_\_

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No. 09/076,728

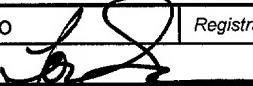
Prior application information: Examiner \_\_\_\_\_

Group / Art Unit. \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label \_\_\_\_\_ or  Correspondence address below

|         |   |           |                |          |                    |
|---------|---|-----------|----------------|----------|--------------------|
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|                   |   |                                   |                        |
|-------------------|---|-----------------------------------|------------------------|
| Name (Print/Type) | Thomas J. D'Amico   | Registration No. (Attorney/Agent) |                        |
| Signature         |  |                                   | Date December 29, 2000 |

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# FEE TRANSMITTAL for FY 2001

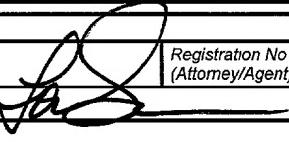
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,448.00)

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | Not Yet Assigned  |
| Filing Date          | December 28, 2000 |
| First Named Inventor | Leonard Forbes    |
| Examiner Name        | M. Trinh          |
| Group Art Unit       | 2822              |
| Attorney Docket No.  | M4065.0019/P019-A |

TOTAL AMOUNT OF PAYMENT (\$ 1,448.00)

| METHOD OF PAYMENT   |   |                                  |          | FEE CALCULATION (continued)  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----------------------------------|----------|--|----------------------|--|--|--------------|--------------|--|--|----------|----------|----------|----------|-----------------|----------|-----|-----|-----|----|-------------------------------------|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|------|-----|------|--|----------------------|-----|--------|-----|--------|---|----------------------|-----|-----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-----|---|----------------------|-----|-------|-----|-----|--|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|----|----------------------------------|----------------------|-----|-------|-----|-----|------------------------------------|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|---|----------------------|---------------------------|--|--|--|-------------------|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--------------------------|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text" value="04-1073"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> |   |                                  |          | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td><input type="text"/></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="text"/></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 698.00)</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="8">**or number previously paid, if greater. For Reissues, see above</td> </tr> </tbody> </table> |                      |  |  | Large Entity | Small Entity |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="text"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 | Extension for reply within first month | <input type="text"/> | 116 | 390 | 216 | 195 | Extension for reply within second month | <input type="text"/> | 117 | 890 | 217 | 445 | Extension for reply within third month | <input type="text"/> | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | <input type="text"/> | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | <input type="text"/> | 119 | 310 | 219 | 155 | Notice of Appeal | <input type="text"/> | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 270 | 221 | 135 | Request for oral hearing | <input type="text"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="text"/> | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="text"/> | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 440 | 243 | 220 | Design issue fee | <input type="text"/> | 144 | 600 | 244 | 300 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="text"/> | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="text"/> | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | <input type="text"/> | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$) |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  |  |  | SUBTOTAL (2) (\$ 698.00) |  |  |  | SUBTOTAL (3) (\$) |  |  |  | **or number previously paid, if greater. For Reissues, see above |  |  |  |  |  |  |  |
| Large Entity  | Small Entity  |                                  |          |  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code                         | Fee (\$) | Fee Description  | Fee Paid             |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 105   | 130   | 205                              | 65       | Surcharge - late filing fee or oath  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 127   | 50  | 227                              | 25       | Surcharge - late provisional filing fee or cover sheet   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 139   | 130   | 139                              | 130      | Non-English specification  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520   | 147                              | 2,520    | For filing a request for ex parte reexamination  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*  | 112                              | 920*     | Requesting publication of SIR prior to Examiner action   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*  | 113                              | 1,840*   | Requesting publication of SIR after Examiner action  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 115   | 110   | 215                              | 55       | Extension for reply within first month   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 116   | 390   | 216                              | 195      | Extension for reply within second month  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 117   | 890   | 217                              | 445      | Extension for reply within third month   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,390   | 218                              | 695      | Extension for reply within fourth month  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,890   | 228                              | 945      | Extension for reply within fifth month   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 119   | 310   | 219                              | 155      | Notice of Appeal   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 120   | 310   | 220                              | 155      | Filing a brief in support of an appeal   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 121   | 270   | 221                              | 135      | Request for oral hearing   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510   | 138                              | 1,510    | Petition to institute a public use proceeding  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 140   | 110   | 240                              | 55       | Petition to revive - unavoidable   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,240   | 241                              | 620      | Petition to revive - unintentional   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,240   | 242                              | 620      | Utility issue fee (or reissue)   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 143   | 440   | 243                              | 220      | Design issue fee   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 144   | 600   | 244                              | 300      | Plant issue fee  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 122   | 130   | 122                              | 130      | Petitions to the Commissioner  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 123   | 50  | 123                              | 50       | Petitions related to provisional applications  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 126   | 240   | 126                              | 240      | Submission of Information Disclosure Stmt  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 581   | 40  | 581                              | 40       | Recording each patent assignment per property (times number of properties)   | 40.00                |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 146   | 710   | 246                              | 355      | Filing a submission after final rejection (37 CFR 1.129(a))  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 149   | 710   | 249                              | 355      | For each additional invention to be examined (37 CFR 1.129(b))   | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 179   | 710   | 279                              | 355      | Request for Continued Examination (RCE)  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| 169   | 900   | 169                              | 900      | Request for expedited examination of a design application  | <input type="text"/> |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |   |                                  |          | SUBTOTAL (3) (\$)  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |   |                                  |          |  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$ 698.00)  |   |                                  |          | SUBTOTAL (3) (\$)  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| **or number previously paid, if greater. For Reissues, see above  |   |                                  |          |  |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| SUBMITTED BY  |   |                                  |          | Complete (if applicable)   |                      |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| Name (print/type)   | Thomas J. D'Amico   | Registration No (Attorney/Agent) | 28,371   | Telephone  | (202) 828-2232       |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |
| Signature   |  |                                  |          | Date   | December 29, 2000    |  |  |              |              |  |  |          |          |          |          |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |       |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |                   |  |  |  |                                   |  |  |  |  |  |  |  |                          |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |